

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

210

Primary Registration District No.

4322

Registrar's No.

63-036931

FILED SEP 18 1963

1. PLACE OF DEATH

a. COUNTY

Mercer

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Princeton, Mo

Length of stay in 1b

2 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Axtell Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. STATE Missouri b. COUNTY Mercer

c. CITY OR TOWN Ravanna, Mo

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Josie

Middle Velma

Last Lowry

4. DATE OF DEATH

Month September Day 15, Year 1963

5. SEX

female

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

12-13-1895

9. AGE (last birthday)

67

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Mercer Co., Mo

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Chas Cowger

13b. MOTHER'S MAIDEN NAME

Susan Johns

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs Lucy L. Anderson Newtown, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Embolism

INTERVAL BETWEEN ONSET AND DEATH
imm.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY.

STATE

21. I attended the deceased from 9-13-63 to 9-15-63 and last saw her alive on 9-14-63
Death occurred at 9:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Princeton, Mo.

22c. DATE SIGNED

9-16-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

9-17-63

23c. NAME OF CEMETERY OR CREMATORY

Ravanna

23d. LOCATION (City, town, or county)

Ravanna, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Noel Moss

Princeton, Mo

25. DATE RECD. BY LOCAL REG.

9-16-63

26. REGISTRAR'S SIGNATURE

Neil Moss

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0650

2 0650

3 2

4 1

5 2

6

7 0

8 0

9 420.1

10

11

12 1-2

13 1-0

MAR 17 1934

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Alfred W. Hunt

Licensed Embalmer No. 2634

P. O. Address Guerrilla Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit obtained 9-16-63 J. H.